

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			02-22-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MN	718	48 3/8/01
RESPONSE FORMALITY REVIEW	SPM	651	416/01 6/12/01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	09/09/01
Original	09/09/01
1	✓ ✓ ✓
2	✓ ✓
3	✓ ✓ ✓
4	✓ ✓ ✓
5	✓ ✓ ✓
6	✓ ✓ ✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	N
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21	N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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